M	1550	URI	Di	VIS	SION OF HEALTH - STANDARD CERTIFICATE OF DEATH = COLORS	Q
DEP	HTMEN	17 0	F PU	BLIC	Registration District No. 318 Primary Registration District No. 1003 Registrat's No. 3597 STATE FILE NUMBER	<u> </u>
DO NOT WRITE ON THIS STUB	AM	ENDEC	•	 	Registration District No	
				_;	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived. If institution: Residence	
VS 300	요	11			a. COUNTY admis admis	ision)
Rev. 4/59	S.	11			b. CITY (If outside corporate limits, give TOWNSHIP only) Can be compared by the corporate limits, give TOWNSHIP only) Length of stay in 1b C. CITY OR	Limits
, ,	AMENDED		1	_		No □
	삗	1 1	1. 1	i	HOSPITAL OR ADDRESS	on Farm
2 20	7 847	11		I —	INSTITUTION De Paul Hospital Yest No 5272 Genevieve Ave. Yes	No Dc
3	/ -	4 1	┪:	-3	3. NAME OF DECEASED First Middle Last 4. DATE Month Day (Type or print) DANTEL. TO MONAMARA DEATH March 27 10	Year
						963
4 0				:	5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH. 9. AGE (lest birthday) IF UNDER 1 YEAR IF UND	DER 24 HR Min.
5 3 .		11		ł _	Male White William 11-8-1941 21	
6	n	1 1	\	10	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT CO	DUNIKT
	<u>}</u>	11			Hertfelder Const. St. Louis U.S.A. 136. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	
7 0		['`	Walley Walley	
8 1 1	1 1			٦,	Daniel F. McNamara Helen Hare 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	2			, (Y	(Yes, No. or unknown) (If yes, alve wer, or delegated Helen McNmara, 5272 Genevieve At	ve.
9	A K		<u> -</u>	1	18. CAUSE OF DEATH (Enter only one cause pe	BETWEEN
10 1	1 1	11	層		IMMEDIATE CAUSE (of Domanna as who the lest Planal Carry son to	» —
11	AD OF	11	١Ś		Wand of the aich of the and when wellered will	170
	HIS RECINSTEAD	11	<u> </u> g		Conditions, if any, DUE TO Marks in hards of one Sidney Smith, in allercalis	
1259-3	SE LES	1 [above cause (a)	MASSI
	-	1 1	┥		lying cause last. DUE TO (cfg. Macch) 7th 1013	
	5	1 [-1	ĕ	PART II, DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATT BUT TO THE PART III	male was st 90 days.
50	n			Ī		Unknown
	AMENDMEN	11		Ĕ	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item	18.)
	<u>}</u> [[ĕ	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMEIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I of PART II of Item YES ON NO OF CHARGE HOW INJURY OCCURRED.	
-		1 1	1	₫	20c. TIME OF Hour Month, Day, Year	
ַ בַּ בַּ	₹	1 1		MED	1 (2), p.m. 3-27-6-3	
BLACK INK OR RITER RIBBON				~	20d. INJURY OCCURRED 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, ITOWN, OR LOCATION WHILE AT WORK A	STATE
· **					NOT WHILE AT WORK	
A 28 E	READ	1 1	1		21. 1-attended the deceased from toand last saw him alive on	
18 2		11	1		Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated	ited.
USE	딣	+ 1	ų.			ATE SIGNED
USE BLAC OR TYPEWRITER	SHOULD	1 1	0		Noto and Carlor Coroner 1300 Clark Clue, 32	8-63
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	+	- ¥	-2	23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Ste	ete)
	Ö.		AFFIDA		Burial 3-30(1963 Calvary Cemetery St. Louis, Missouri	
				-2	24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	. ^
	ITEM		24	ĺ	JOHN STYGAR & SON - 5541 RIVERVIEW BLVD. MAR 28 1963 Load Smalk M	

STATEMENT BY LICENSED EMBALMER

C; /2

by	<u> </u>	· · ·	:		•	• .	, Student Embalmer No
king under my po	ersonal super	vision.	•				
						_	
			<u> </u>	_	Signed_		Thysolic
lentSi	gnature of Stude	nt Embalmer	· ·	-	Signed_		Th Justice

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.